

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	H	12	3-30-01
O.I.P.E. CLASSIFIER	H.T	913	65/23/01
FORMALITY REVIEW	H.H.	605	09-11-01
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	1	1	07/02
2	2	2	07/02
3	3	3	07/02
4	4	4	07/02
5	5	5	07/02
6	6	6	07/02
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50	50	50	07/02

Claim	Final	Original	Date
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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H  
 5/23  
 RESP  
 J856  
 9/11/01